

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 FEB 16 AM 9:52

1. Name of Limited Partnership

**1a. DOCUMENT #
A11744**

COURY INVESTMENTS, LIMITED



Mailing Address

Principal Office Address

**9627 S. DIXIE HIGHWAY
MIAMI FL 33156**

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MIAMI FL 33156**

3. Date Formed or Registered

12/22/1981

**5a. Capital Contributions as
Shown on record.**

\$12,069,306.00

3a. Date of Last Report

12/20/1996

4. State or Country of Formation

FL

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

2. Mailing Address

2a. Principal Office Address

P.O. Box 143914

Suite, Apt. #, etc.

Coral Gables, FL

City & State

33114 US

Zip

Country

Country

6. FEI Number

59-2173486

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**MULLER, CHARLES E II
9100 S. DADELAND BLVD., #1707
ONE DATRAN CENTER
MIAMI FL 33156**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

11b. City, State & Zip Code

**11c. Registration/
Document Number**

COURY, AMELIA

9627 S. DIXIE HIGHWAY

MIAMI FL 33156

BELL, MARY ANN

9627 S. DIXIE HIGHWAY

MIAMI FL 33156

LAWRENCE, PATRICIA C

9627 S. DIXIE HIGHWAY

MIAMI FL 33156

**800002435468--2
-02/19/98--01071--020
*****535.00 *****535.00**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Amelia Coury

DATE **1-27-98**

Typed or Printed Name of General Partner Signing Form

Amelia Coury

Daytime Telephone Number

305-371-2902

CR2E003 (12/97)